



PTO/SB/21 (09-06)

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**TRANSMITTAL
FORM**

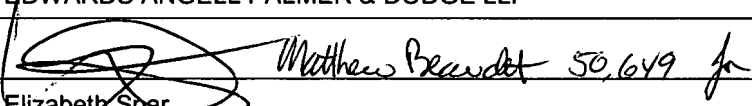
(to be used for all correspondence after initial filing)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/963,875-Conf. #9674
	Filing Date	September 26, 2001
	First Named Inventor	Elizabeth Abraham
	Art Unit	1644
	Examiner Name	M. A. Belyavskiy
Total Number of Pages in This Submission	Attorney Docket Number	17633/1235 [1235(203284)]

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Receipt Postcard Certificate of Express Mailing (1 pg)
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	EDWARDS ANGELL PALMER & DODGE LLP		
Signature			
Printed name	Elizabeth Spar		
Date	May 16, 2007	Reg. No.	45,123

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service as Express Mail, Label No. EM053195391US, on the date shown below in an envelope addressed to:
MS AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: May 16, 2007

Signature:  (Diane Valeta)



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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2007

Complete if Known

<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	Application Number	09/963,875-Conf. #9674
TOTAL AMOUNT OF PAYMENT (\$)	Filing Date	September 26, 2001
	First Named Inventor	Elizabeth Abraham
(\$)	Examiner Name	M. A. Belyavskiy
	Art Unit	1644
	Attorney Docket No.	17633/1235 [1235(203284)]

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 04-1105 Deposit Account Name: Edwards Angell Palmer & Dodge LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
<u>Total Claims</u> - 20 = <u> </u> x <u> </u> = <u> </u>		
<u>Indep. Claims</u> - 3 = <u> </u> x <u> </u> = <u> </u>		

HP = highest number of total claims paid for, if greater than 20.

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
<u> </u> - 100 = <u> </u> / 50 <u> </u> (round up to a whole number) x <u> </u> = <u> </u>				

4. OTHER FEE(S)

	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): 2253 Extension for response within third month	510.00
2401 Notice of appeal	250.00

SUBMITTED BY			
Signature	<u>Matthew Seandgt 50,644</u>	Registration No. (Attorney/Agent)	45,123
Name (Print/Type)	Elizabeth Spar	Telephone	(617) 439-4444
		Date	May 16, 2007

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Dated: May 16, 2007

Signature: Diane Valeta (Diane Valeta)



Application No. (if known): 09/963,875

Attorney Docket No.: 17633/1235 [1235(203284)]

Certificate of Express Mailing Under 37 CFR 1.10

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on May 16, 2007
Date

Signature

Diane Valeta

Typed or printed name of person signing Certificate

Registration Number, if applicable

(617) 439-4444
Telephone Number

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Transmittal (1 page)
Fee Transmittal (1 page)
Three Month Request for Extension of Time (1 page)
Notice of Appeal (1 page)
Return Receipt Postcard